

BEST AVAILABLE COP[®]

CLAIMS ONLY						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
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TOTAL DEP.	/		↓	↓	↓		↓	↓	↓
TOTAL CLAIMS	/								

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS